

erick H. Rodenbaugh, M. D. Discussed by Doctors Bullitt, Behne, Sargent, Costolow, Ullman and Rodenbaugh.

X-ray diagnosis of disease of the nasal accessory sinuses with reference to sphenoid and ethmoid diseases. Robert A. Powers, M. D. Discussed by Doctors Ames, Taylor, Heylman, Ullman, Bullitt, Rodenbaugh and Powers.

Roentgen therapy of uterine myoma during pregnancy. John D. Lawson, M. D. Discussed by Doctors Rodenbaugh, Sheldon and Lawson.

Thursday, May 15, 1924, 2 p. m.

Survey of non-tubercular chest lesions. Henry Snure, M. D. Discussed by Doctors Bramkamp, Howson, Kinney, Rodenbaugh, Snure.

An interesting case report of pulmonary infarct demonstrated by the Roentgen ray. Discussed by Doctors Snure, Rodenbaugh, Pierson, Bowman and Crow.

Biological effects connected with modern deep therapy. Kurt F. Behne, M. D. Discussed by Doctors Parker, Rodenbaugh, Ullman, Costolow, Crow, Chamberlain, Huggins and Behne.

Metastatic bone carcinoma. Lyell Carey Kinney, M. D. Discussed by Doctors Snure, Ullman, Rodenbaugh, Parker and Kinney.

After a general discussion of matters pertaining to the section, and plans for the program for next year, the annual election was held, and Dr. R. G. Taylor, Los Angeles, was elected chairman, and Dr. Robert Newell, of San Francisco, secretary.

The section adjourned until the 1925 session.

Observations in a Case of Jejunal Fistula—A case of high complete intestinal fistula offered Edwin P. Lehman and Harry V. Gibson, St. Louis (Journal A. M. A.), an opportunity for making observations on the functional activity of the upper intestinal tract, some of which have a bearing on modern interpretations of gastro-intestinal physiology. Of these observations, two stand out as worthy of especial comment. The first in importance is the time interval between the appearance of motor activity in the upper and in the lower loops. Here is evidence that the stimulus in the upper loop is carried across an anatomic and physiologic gap in the bowel to the lower loop, causing peristalsis there, although there is no stimulus whatever applied locally to the lower loop. This could hardly occur except by a central control mechanism, using the term to mean a mechanism co-ordinating the activity of separate segments of the bowel. No nervous impulse could have been transmitted across the gap. An electrical wave would have been transmitted without a time interval. Furthermore, a central mechanism, sending stimuli which originate, let us assume, in a filled secreting stomach to the various segments of the bowel progressively caudad, would send stimuli also through the severed autonomies running to the absent two feet of bowel. These lost impulses may be conceived to be represented by the time interval between the motor activity of the upper and the lower loops. Further evidence of a central control mechanism was seen in the constant appearance of motor activity in the upper loop, soon after food was injected into the lower loop. In any consideration of local versus central control of the gastro-intestinal tract, these observations must be kept in mind. No similar observations have been met in the literature. The second point of interest, which also does not appear to have been previously noted, is the effect of sodium chlorid on secretion and peristalsis. The marked activity of both under the influence of a weak saline solution (about double normal) by mouth was striking. The absence of marked effect of acid or alkali separately was noted. On one occasion, the salt was given when the patient was nauseated, with a prompt flow of secretion and a prompt relief of the subjective symptoms. This suggests a point of possible clinical value in re-establishing normal peristalsis when there is a tendency to reserve peristalsis.

COUNTY NEWS

Nearly all county medical societies are having vacations during the summer months and will take up their work in the fall with renewed interest. Officers are urged again to send in full reports of meetings and other activities.

LOS ANGELES COUNTY

Resolution Regarding Foot and Mouth Disease—The following resolutions were adopted by the Board of Councilors of the Los Angeles County Medical Association at the meeting held on June 23, 1924.

"Whereas, The State of California has been recently visited by a severe epidemic of foot and mouth disease, entailing the destruction of enormous numbers of animals, and

"Whereas, The epidemiological knowledge necessary for preventing the spread of this infection is incomplete and further investigations are forbidden in this country by the United States Department of Agriculture, and

"Whereas, We believe that investigation could be safely conducted in infected zones during an epidemic without increasing the danger of spreading infection, and

"Whereas, We believe that such investigation as outlined in the report of the Los Angeles County Medical Association's committee on foot and mouth disease might lead to important knowledge concerning the methods of transmission of the disease, therefore, be it

"Resolved that the Los Angeles County Medical Association, while it does not oppose the destruction of infected animals, does deplore the stringent restrictions upon investigation of this disease during an epidemic period and in infected areas, and it urges that before it is too late such investigations be either carried out or authorized under controlled conditions by the United States Department of Agriculture.

By order of the council.

HARLAN SHOEMAKER, M. D.

Secretary."

Norwalk State Hospital—Doctor Edwin Wayte has been appointed medical director of the Norwalk State Hospital, effective July 1, 1924, to succeed Doctor C. F. Applegate, who has been head of the institution for several years and has resigned. Doctor Wayte has been first assistant physician at the Southern California State Hospital, Patton, for several years, coming to the institution from Exeter, where he was engaged in private practice. He was formerly an alienist at the Minnesota State Hospital.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (Reported by George Joyce Hall, secretary)—The regular meeting of the Sacramento Society for Medical Improvement was held June 17, 1924. Members present, thirty-three; visitors, four. President Drysdale presiding. Minutes of previous meeting were read and approved. Report of cases:

Due to the fact that the subject of the evening in symposium form was to be that of "Ectopic Uterine Gestation," it was most interesting to receive the report of the case of ectopic uterine pregnancy presented by Doctors Beattie and Harris, with the living baby, now two and a half years old, presented at the time. Doctor Beattie's report was, in effect, that the Japanese mother, approximately eight months pregnant, became critically ill; a tentative diagnosis, intestinal obstruction, was made, although neither he nor Doctor Harris felt justified in making more than an exploratory laparotomy. Doctor Harris then took up the report from the surgical standpoint. Japanese father, mother and two children being shown to the society, the one in question being the

younger. Doctor Harris reports he planned to operate on intestinal obstruction and Cæsarian section at the same time, and to their surprise, upon entering the peritoneal cavity, found a knee was present. Dr. Harris stated that, fortunately for everyone concerned, the time of operation occurred apparently just as the membranes had ruptured in an abdominal pregnancy. In an effort to deliver the baby it was found difficult because the baby had grasped with his hands coils of the mother's intestines. Placenta attachment was as follows:

1. Posterior surface of the broad ligament.
2. To the wall of the pelvis on the left side.
3. To the meso sigmoid and sigmoid bowel.

This mother made an uneventful recovery and the baby is apparently perfectly normal now, being, as above stated, two and one-half years old. At the time of operation, Dr. Harris found that there were twelve such cases reported in literature. Operative findings showed the tubes to be apparently normal, as were also the ovaries, with the uterus slightly enlarged.

Dr. Beattie also reported a case of atresia of the esophagus with x-ray shown taken on the second day, the baby, of course, having died.

Subject of the evening was presented by Dr. G. N. Drysdale on "Ectopic Gestation," and with the use of excellent slides. Dr. Drysdale covered the subject fully, beginning with history considering the question of incidence and the large speculative subject of etiology, classifying that into two main portions:

1. Interference with downward passage through the tubes, and
2. Decidual reaction in the tubes.

After completely covering this portion of the subject, it was followed by discussion of pathology; various locations; methods of development in the tubes compared to development in the uterine cavity. He later took up the results of ectopic pregnancy, including tubal abortions and rupture, hemorrhage—hematocoele. He also spent some time on ovarian pregnancy, giving Williams' four conditions necessary for true ovarian pregnancy.

1. Tumor site in the ovary.
2. Tube intact.
3. Connected with uterus by utero ovarian ligament.
4. Microscopically finding true ovarian tissue in many places around the sac.

Secondary abdominal pregnancy, primary abdominal pregnancy, and various freaks were also reported. Symptoms diagnosed and differential diagnosis was given at length, as was also subject of treatment both in unruptured cases and in ruptured cases, including types of operation. Abdominal pregnancy which has gone on for several months, was discussed. After the fifth month there is little added risk in waiting until the thirty-eighth week before operation. Methods of removing placenta were also covered. Auto-transfusion was mentioned; conservation of tube was considered. Dr. Drysdale thoroughly covered the subject at great length, and it was discussed by the following: Dr. Hall opened the discussion on etiology, followed by Dr. James on diagnosis, Dr. Von Geldern on pathology, Dr. Beattie on medical treatment, and Dr. Harris on surgical treatment. Subject was also discussed by Drs. Wahrer and Parkinson, and discussion was closed by Dr. Drysdale. This meeting was again demonstrative of the excellent type of papers recently being presented by the members of the Sacramento society, and shows the progressive effect of the president's desire to improve the scientific value of the meetings for the present year.

The applications of R. G. Soutar and Thomas Hagerty were voted upon, and both were unanimously elected as members to the society.

The application of Dr. Richardson was laid on the table for further investigation.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eyttinge, secretary)—The society met June 3, at the Southern California State Hospital, Patton, with twenty-five members present and ten guests.

The program consisted of an excellent clinic by Patton Hospital staff.

G. Ben Henke, Ontario, was elected to membership.

SAN FRANCISCO COUNTY

St. Joseph's Hospital Staff Busy (by Sister M. Sylvia, superior)—St. Joseph's Hospital staff, San Francisco, held an "Obstetrical Night" on June 11. A. B. Spalding spoke on "Mortality in Obstetrics and Its Prevention." Most confinements are handled by general practitioner. Causes of death often result of criminal abortion and venereal diseases. Modern management of labor cases should begin, not in the prenatal clinic, but in the male adolescents, who should be instructed in venereal prophylaxis, so as not to infect mothers of the future. *Every doctor's office should be a prenatal clinic, where urinalysis, pelvimetry, and blood pressure should be given due attention; otherwise, independent nurses will take full charge, instead of acting under our direction.* Cæsarian section in pregnancy between sixteen and twenty weeks is not advised, except if sterilization is desired. Cervical dilatation with bags is better. Manual dilatation is dangerous. All interference increases mortality, so natural processes must be given a chance. Prevention of cancer is an opportunity. At Lane Hospital every torn cervix is repaired eight days post-partum. In San Francisco, the death rate from cancer is highest; therefore, repair all torn cervixes and examine every year after.

R. Knight Smith talked on "Operative Obstetrics." Forceps are used in one-fourth of all private cases at Sloane Maternity, New York. Indications are abnormality in shape or size of parturient canal, position or size of child, forces of delivery, and attachment of placenta. Vaginal examinations were denounced, until child has passed pelvic brim, abdominal and rectal examinations being sufficient. External pelvimetry is useful. Hydrostatic bag is most efficient, except in primiparas, where one cannot tell if baby can pass—even by pelvimetry. Better to induce early labor, where necessary, than to wait too long. If head is too big, don't use forceps. Conditions necessary are complete dilatation, major diameter able to pass brim and ruptured membranes; exception is funnel pelvis. Type of instrument has nothing to do with height of head. Tarnier forceps are not for high positions only. Any type can be used in any height. Generally better, if in doubt, to give mother test of labor, even in Cæsarian section. Can wait twelve to twenty-six hours, but make no vaginal examinations. If instruments have been used or case is potentially infected and child is dead, craniotomy causes fewer deaths and mother can become pregnant again, as uterus is removed in the cases where section is employed. Cæsarian section has mortality of 6 per cent. Incisions used are either one above umbilicus or other almost all below. Be sure all of placenta comes out, and that cervical canal drains. First stitch used enters cavity of uterus. 250 cc. fresh glucose solution and 1000 cc. Fiscer's solution with soda bicarbonate solution is fine for hyperemesis gravidarum; repeat in eight hours.

The program for August 13 will consist of a symposium on "Gastric and Duodenal Ulcer." "Diagnosis and Medical Treatment" will be presented by William Fitch Cheney; "Roentgenological Considerations," by L. B. Crow; and "Surgical Treatment," by J. H. Woolsey.

"When hanging was much in fashion a favorite field for pickpockets was in the crowds gathered to see other pickpockets choked to death."—J. H. Beal.